# - L21000 4773 973

<u></u>
(Requestor's Name)
(Address)
(Address)
,
(6) 16) 1 7 16
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<del></del>
Special Instructions to Filing Officer:

Office Use Only



400397628994

400397628994 11/14/22--01011--002 \*\*14365,00

2022 NOV 14 AM 7: 29

a 2/10/2023

#### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: GULFCOAST CLEANOUT PROS LLC Name of Limited Liability	Company
DOCUMENT NUMBER: <u>1.21000472973</u>	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e following:
Chelsea Chapman	
Name of Person	
Legaline Corporate Services, INC.	
Name of Firm/Company	
10601 Clarence Dr Ste 250	
Address	
Frisco, TX 75033-3867	
City/State and Zip Code	
ra@legalinc.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Chelsea Chapman 844 at (	386-0178
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

### Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	605.0115, Florida Statutes, the und	ersigned.		
Legaline Corporate Services, INC.		, hereby resigns as		
Name of Regis	, , manoo, rangon na			
Registered Agent for <u>GULFCOAS</u>	T CLEANOUT PROS LLC		<del></del>	_
Na	me of Limited Liability Company	·		_·
1.21000472973				
Document Number, if known				
A copy of this resignation was mailed	I to the above listed limited liability	v company at its last known	address	i.
The agency is terminated and the offi	ce discontinued on the 31st day aft	er the date on which this stat	ement	is filed.
If cianing an hahalf of an autitus	Juste Moder Moder of Resigning Agent	SEC.	2022 NOV 1 L	<u>. T.</u>
If signing on behalf of an entity:		11.	_	e epitana
	Zachary Mathewson	Ω. 2.	£	
	Typed or Printed Name	Gir.	72	5
On Behalf o	f Legaline Corporate Services, INC.	<u> </u>	AM 7:	العبيا
	Canacity			

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314